

ORDER

I, TERRANCE H. MONTAGUE, BZ-3761 AM ASKING THE  
COURT TO CLOSEDOWN THIS SAIL YALL DID REGUE  
A MOTION DATED 10-23-05 EXPLAIN THINGS ABOUT  
THE SAIL, YOU DO HAVE PEOPLE HERE WHO IS  
OPEN WOMEN AND THAT DRINK PISS SENT SHIT  
I SEND YALL A COPLAINT DATED 11-28-05, THESE  
PEOPLE DO UNHEALTH THINGS TO PEOPLE

SWEAR, TERRANCE H. MONTAGUE

IS TELLING THE TRUTH.

DATE: 11-28-05

100-00895  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P. O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY  
**BEST TO USE**  
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR

*Clerk office -*

FROM: (INMATE NAME & NUMBER)

*Denise A. Montague, BZ-2761*

WORK ASSIGNMENT:

*<None*

FACILITY:

*Dauphin County Jail*

DATE:

*11-28-05*

SIGNATURE OF INMATE:

*Denise A. Montague*

HOUSING ASSIGNMENT:

*L-5 B-POD CELL 4*

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. State all relief that you are seeking. Additional paper may be used, maximum two pages. (One DC-ADM 804 Part 1 form and one, one-sided 8 1/2" x 11" page).

*I AM SENDING YALL A ORDER TO HAD C WITH THE ONE DATED*

*10-23-05 AND THE COMPLAINT DATED 11-22-05*

*11-28-05 ORDER*

*REC'D 12/1/2005*  
DEC 01 2005

*RECEIVED  
12/1/2005  
DCC-DOCS*

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

1600 Walters Mill Rd., Somerset, PA 15510

NAME Ernesto Zeballos Montoya  
NUMBER B2-3741

PA DEPT. OF CORRECTIONS **INMATE MAIL**

500-370  
C-11  
0004555555  
MAILED FROM ZIPPOLE 1350-1

U. S. District Court  
228 Walnut Street  
P. O. Box 983  
Hannibal, Mo. 64508

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